

CVS Health Network: Community health services re-procurement presentation

The audience listened to a presentation from NHS West Lancashire Clinical Commissioning Group (CCG) chief officer Mike Maguire. The slides from the presentation are accessible [here](#).

Following the presentation, the audience was invited to ask the panel questions about the procurement process. The panel of CCG board members responded to the questions, which included: GP clinical leads Dr Ros Bonsor, Dr Jack Kinsey, Dr Simon Frampton and Dr John Caine, chief officer Mike Maguire, chief finance officer/deputy chief officer Paul Kingan, and lay members Greg Mitten and Doug Soper.

The below gives a summary of the question and answer session – please note, this is not a precise word for word recording. For more information on the CCG's community health services procurement, please visit the dedicated webpage:

<http://www.westlancashireccg.nhs.uk/have-your-say/community-health-services/>

Q: An attendee asked about the timings of the process.

A: Following a stringent evaluation process, 24 February 2016 marked the move into the Invitation to Participate in Dialogue (ITPD) stage. The CCG is currently having dialogue discussions which will continue until July 2016. The four remaining potential bidders will be invited to submit a final tender in August 2016. The new provider will begin delivering the local services in April 2017. For a snapshot of the process and timings, please see the [CCG's procurement infographic](#).

Q: A member of staff from Southport & Ormskirk Hospital NHS Trust asked about why her services were not mentioned with the lot 1 slide.

A: The panel pointed out that the list on the slide was example and that a full list of services from lot 1 was available on the CCG stand at the event and on the CCG [website](#).

Q: A member of the audience asked about personal budgets.

A: The CCG stated that all potential providers in the process have been asked to identify how they may be able to better handle personal budgets in future.

Q: An attendee asked how the CCG will ensure new providers remain aware of the role and importance the Voluntary Community and Faith Sector (VCFS) plays.

A: The CCG explained that they have held bidder days involving this sector and have ensured the providers are aware of this role. The CCG also clarified that it has specified that

providers need to evidence that they would work with this sector and demonstrate that they understand its importance.

Q: A audience asked what assurances can be made to ensure that private sector organisations are not going to make it just about profit i.e. that the level of care and profit are not going to become two competing factors.

A: The NHS as an overall funding body has always had private / independent and NHS involvement. Examples were provided of independent businesses. The CCG stated that the idea that private / independent provider is something new is not necessarily the case. A lot of local patients currently opt for private services locally. The issue raised will be considered as part of the CCG's procurement process.

Q: An individual asked how the CCG can ensure the chosen provider will offer what suits the local area. And deal with community as it is locally and not in a general way.

A: The CCG's specification is very tailored to West Lancashire and it has been very clear on health profiles in terms of highlighting what the big issues are. It also invites the providers to offer a tailored solution geared to health inequalities to make sure the CCG can get best for West Lancashire.

Q: A question was asked about how the CCG will continue to be responsible in terms of continuing relationships between providers and Voluntary Community and Faith Sector.

A: The panel explained the long standing relationship held between the sector and CCG, going back to the shadow year before the CCG became authorised. The VCFS (third sector) has a place at the table not only to tick a box but to remain informed and have influence over what is going on locally. Lots of information has been provided to the four organisations that remain in the process. It is about partnerships that have been worked hard at over the years, not just between the VCFS and CCG, but also with the local borough council, local authority, providers and many more.

Q: A question was asked about the mention of chronic diseases within the CCG presentation, and whether the CCG is referring to long-term conditions?

A: The CCG agreed it was referring to long-term conditions and that the process aims to achieve a more holistic approach to helping patients living with long-term conditions.